

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2006
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a complaint investigation conducted at your facility on 7/26-7/27/06. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil actions or other claims for relief that may be available to any party under applicable federal, state or local laws. Complaint #NV00012229 alleged that the facility was negligent in administering the wrong medication to a resident resulting in a diabetic coma. While this complaint was not substantiated, it was found that physicians orders regarding the times of medication administration were not followed. Please see Tag F309.	F 000	F00 This plan of correction is prepared And executed because it is required by The provisions of the state and federal regulations and not because Hearthstone agrees with the allegations and citations listed on this statement of deficiencies. Hearthstone maintains that the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of such character as to limit our capacity to render adequate care as prescribed by regulation. This plan of correction shall operate as Hearthstone's credible allegation of compliance. By submitting this plan of correction, Hearthstone does not admit to the accuracy of the deficiencies. This plan of correction is not meant to establish any standard of care, contract, obligation, or position, and Hearthstone reserves all rights to raise all possible contentions and defenses in any civil or criminal claim, action or proceeding.		
F 309 SS=D	483.25 QUALITY OF CARE Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on review of resident records, and interview of staff and the resident, it was determined that the facility failed to provide the necessary medications as prescribed by the physician for a resident. (Resident #1)	F 309	F309 All residents have the potential to be affected by this deficient practice. Resident # 1's blood sugar is controlled with the current regime she is now on.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Melissa Lawson

Administrator 8/10/06

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2006
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	<p>Continued From page 1</p> <p>Findings include:</p> <p>Resident #1: The resident was admitted to the facility on 6/22/06 following a stay in both an acute and a rehabilitation facility. Diagnoses included insulin dependent diabetes mellitus, peripheral vascular disease, hypertension, macular degeneration, and hyperlipidemia. She had developed a gangrenous right foot which resulted in a below the knee amputation. Her admission was for a short term stay while receiving physical therapy for the use of a new leg prosthesis. The resident had been a diabetic for many years and managed her own insulin injections at home without complication.</p> <p>The resident was admitted in the late afternoon of 6/22/06. Admissions orders were received from the physician on 6/22/06. The time the orders were obtained could not be established as the time was not indicated when the nurse signed the order sheet. A regular diet with no concentrated sweets was ordered as well as Humalog Insulin 15 units with supper. In a review of the Medication Administration Record (MAR), there was no evidence that the supper dose of Humalog Insulin 15 units had been administered. The Director of Nurses was asked to review the MAR and other forms in the patient record at 3:00 PM. She could not locate any indication that the medication had been administered as ordered. There were no indications that it had been investigated as to when the resident had last received insulin. In an interview with the resident at 3:15 PM, she stated that she had received supper that day, but had not been given any insulin prior to the meal. Her blood glucose was checked at 9:00 PM later that day with a value of 286. For that value, she received six units of</p>	F 309	<p>All new admissions with a diagnosis of Diabetes Mellitus will have the blood sugar checked at time of admission then adhere with the policy of the facility for care of the resident on insulin therapy.</p> <p>Initial chart audit is done by DON/ADON within 48 hours of admission and interdisciplinary standard of care meeting within 7 days and every 3 months thereafter and on going.</p> <p>All licensed nursing staff will be inserviced on the new policy and the Director of Education will discuss it during orientation.</p> <p>The Quality Assurance Committee will monitor.</p>		<p>8-31-06</p>

RECEIVED

AUG 1 1 2006

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/02/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 295044	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/27/2006
NAME OF PROVIDER OR SUPPLIER HEARTHSTONE OF NORTHERN NEVADA			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 BARING BLVD SPARKS, NV 89434		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 309	Continued From page 2 Regular Insulin on a sliding scale regimen. The Internet web site at www.clevelandclinic.org/health/health-info/docs read that rapid acting insulins such as Humalog can be taken after a meal rather than 15 minutes before a meal. Humalog would have continued to lower the blood sugar for 3-5 hours after the administration. Administration of the Humalog at supper would have affected the 9:00 PM blood glucose level by providing a tighter control of the resident's blood sugar.	F 309			

RECEIVED

AUG 1 2006

BUREAU OF LICENSURE
AND CERTIFICATION
CARSON CITY, NEVADA